

## **Shrink Rap Radio #205, April 24, 2009. Healing Troubled Relationships**

**Dr. David Van Nuys, aka “Dr. Dave” interviews Dr. David Burns**  
(transcribed from [www.ShrinkRapRadio.com](http://www.ShrinkRapRadio.com) by Jo Kelly)

**Excerpt:** *“Now the book has sold five million copies, and cognitive therapy has become probably the most widely practiced and researched form of psychotherapy in the world. But I really don’t consider myself a cognitive therapist or any other school of therapy; I’m in favour of tools not schools of therapy. I think all the schools of therapy have had important discoveries and important angles, but the problem is they are headed up by gurus who push too hard trying to say cognitive therapy is the answer to everything, or rational emotive therapy is the answer to everything, or psychoanalysis is the answer to everything. And that is reductionism, and kind of foolish thinking to my point of view.”*

**Introduction:** That was the voice of my guest **David Burns, MD**. Dr. David Burns is an Adjunct Clinical Professor Emeritus of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine and has served as Visiting Scholar at the Harvard Medical School. He is certified by the American Board of Psychiatry and Neurology. His best-selling book, *Feeling Good: The New Mood Therapy*, has sold over five million copies worldwide and is the book most frequently “prescribed” by American and Canadian mental health professionals for patients suffering from depression. His latest book, *Feeling Good Together*, was released in January of 2009 (New York: Broadway Books) and focuses on the causes of, and cures for, relationship problems.

Dr. Burns has appeared on numerous radio and television shows and has won many awards for his research and teaching. He has been named “Teacher of the Year” on three occasions by the graduating residents at the Stanford Medical School.

His website is <http://www.feelinggood.com/>

**Dr. Dave:** Dr. David Burns, welcome to Shrink Rap Radio.

**Burns:** Thank you. I’m really pleased to be on your show; I think you’re doing terrific work, and I’m very flattered to have the chance to appear.

**Dr. Dave:** Well I'm so pleased to have you here. You've written ten books, and I'm embarrassed to say I was unaware of your work until it was brought to my attention by Sean Williams, a young therapist who is one of my listeners and also one of your supervisees. So I am really glad to have discovered you.

Let's start out with a bit about your background. What drew you into psychiatry in the first place?

**Burns:** Well I came in kind of through the back door; I was not a pre medical student, I was a Philosophy major at Amherst College and my senior year I did my honors thesis on a book by Ludwig Wittgenstein called *Philosophical Investigations*. One of my roommates a brilliant physics major suggested it, Phil Allen, and he was so smart, I figured if he thinks this is the in thing I had better do it. That book came out in 1950, and now many people view it as the greatest book in the history of philosophy. Wittgenstein really solved all the problems of philosophy. Sadly he was so horribly depressed during his lifetime that he thought his work was rubbish; he never published a thing. It was based on some notes they found in a metal box under his bed at Oxford University, and they put it together as a series of numbered paragraphs.

It's a phenomenal book; very few people could understand it at first, and I couldn't understand it at all. I didn't know what he was talking about, then in the spring of my senior year I was walking across Amherst campus and it dawned on me the point he was making; and I suddenly saw the solution to all the problems of philosophy and it was a fantastic thing. So I went to my advisor and I said, "I'm not going to go to graduate school in philosophy, because there's no point now."

**Dr. Dave:** (laughs)

**Burns:** So I'm thinking maybe I'll do psychology, because I took a psychology class or two and really loved it. But he says "Oh no, you have to go to medical school and become a psychiatrist instead." And I asked him why, and he said, "Well, drugs are going to be real big, and psychiatrists can prescribe drugs; and otherwise it's similar to a psychologist." And I said, "But I'm not a pre medical student, I haven't had a biology class or anything." He said, "Well don't worry about that, you can talk your way into anything." So alright; I applied to medical schools and I got into Stanford Medical School, and I was like a fish out of water, had nothing in common with the students; but struggled through and became a psychiatrist. So that's how I became a psychiatrist.

**Dr. Dave:** And you did it with no pre med?

**Burns:** Not really, no; I'd had some physics. I was a Philosophy of Science major and I'd had some math and physics and some things like that, but I hadn't had a single biology class.

But I used an interviewing technique that I describe in my book, *Feeling Good Handbook*, and I've helped a lot of patients who have social anxiety and shyness and don't know how to interview for jobs and things. There's a kind of a technique you can use if you are being interviewed for a job and it'll make everyone chase after you. I've taught all my students that too, when they graduate and go looking for jobs or academic positions, and it works like a charm. That's what I used to get into the Stanford Medical School.

**Dr. Dave:** Well I think everybody who's listening is going to scurry off and look for your book now, because that sounds like quite a key.

**Burns:** Do you want to hear how it worked?

**Dr. Dave:** Sure.

**Burns:** This is probably off the subject of the interview, but it's kind of a fun thing, and there is a take home message there. A lot of times people with social anxiety, they are so worried trying to impress other people, and then you get all nervous, and kind of turn people off because people really care about themselves.

**Dr. Dave:** Right.

**Burns:** So when I went to Stanford for my interview for medical school, I was interviewed by the Chief of Anatomy and I didn't want him to talk much about me to find out that I knew nothing about biology or whatever. So he interviewed me in the basement of the Stanford Museum – and that's where they dissect the cadavers and stuff like that – and it was dark down there and I said, “Wow it's kind of creepy down here; what's it like working down here?” He said, “Oh no, it's not creepy, it's a lot of fun.” And I said, “Oh really? What do you do?” and he said “My laboratory is right down the hall here.” So I said “Could you show me your laboratory?” And he said, “Oh I would love to.” So he showed me his laboratory; and I think he was kind of lonely maybe.

**Dr. Dave:** (laughing)

**Burns:** And I said, “Oh you've got one of these machines” – and I didn't know what it was, some kind of chemical high powered thing – and he started talking about this machine, and I said, “Well tell me how you use this in research; that's really cool; it sounds like you are doing some great work.” We talked, and talked; and I just kept asking him about himself, and throwing some compliments out there.

After a while he looks at his watch and says, “My gosh, we have been talking for nearly two hours; this was supposed to be a 15 minute appointment. I have got to get to a meeting over at the Medical School. You can walk part of the way over there with me.” We walked out of the building, he put his hand on my shoulder, and he said, “Young man I forgot to ask what your name was.” And I said, “My name is David Burns; I'm from Amherst College.” And he said, “Well David Burns, I want you to know that you are the kind of young man we need here at the Stanford Medical School.”

**Dr. Dave:** That's great.

**Burns:** And that sounded pretty good. I said, “Well the problem is I probably won't be able to attend; I'm really sorry.” He said, “Why is that? Is Harvard making you a better offer? I will outdo any offer Harvard can make.” And I said, “Well no not really; but you see my father is a minister, and we don't have any money, and I've heard it costs as much as \$100,000 to go to medical school and I would have to borrow that. My father is a Lutheran minister, and he believes borrowing money is a sin, so there is no way I could come here.” And he says, “Don't you worry, David Burns. I am the head of the Admissions Committee and I am going to the meeting right now; and you are going to get a letter in the mail tomorrow stating you are our first choice for the Stanford Medical School, and we are going to offer you all expenses paid the whole time you are here. It won't cost you a penny. You are coming to the Stanford Medical School, and that is the end of the argument.”

**Dr. Dave:** (laughing)

**Burns:** I said, “Well that's an offer I can't refuse.” And the rest is history. They may have regretted admitting me, once they found out what a horrible student I was. But I'm on the faculty now, on the voluntary faculty; I am going to pay them back and repay my debt for them putting up with me and making me a doctor.

**Dr. Dave:** Wow, that's a marvellous story. What if you hadn't become a doctor or a psychotherapist? Was there some other career path that called to you as well?

**Burns:** Well I think psychology. People think I am a psychologist. I had an article in Psychology Today magazine, *The Perfectionist Script for Self Defeat*, and they described me as a psychologist. Because the paradox – I started out as a biological psychiatrist doing brain research at University of Pennsylvania Medical School after my residency, and then got totally involved in psychotherapy and psychological research – I really function much more as a psychologist.

I kind of turned away from this heavy movement in psychiatry of pushing drugs, drugs drugs as if that is going to cure everything; and I did that for several years but I think it was grossly oversold. Now I think a lot of the research is coming out showing that the psychiatric medicines, especially the anti-depressants, probably don't have the safety and efficacy that we have been led to believe by the pharmaceutical companies and by the psychiatric profession. I may be steering you away from the topic of the interview, although I think these are tremendously important and exciting topics as well.

**Dr. Dave:** They definitely are. You know you and I might have crossed paths earlier, because I ended up at Sonoma State University for my first job and stayed there for my whole career; but the other choice was Amherst College.

**Burns:** Oh wow, yes. I enjoyed Amherst; it was great on critical thinking – something I think is lacking in our field – and one of the reasons I've enjoyed – I just heard one of your radio interviews for the first time, it was the professor I think he was from Berkley, who was into dissociative disorders and childhood trauma. And he was a critical thinker and a researcher, and it was just like music to my ears. There is so much of that is lacking in our field because there are just so much cults of psychotherapy competing like religious cults or something, and everybody claiming to have the answer and very little science. So what I have been trying to do in my work at Stanford and teaching research is to tell the true science of psychotherapy; high speed treatment methods that are based on what really works rather than the latest fad to come down the pipe.

**Dr. Dave:** Yes; well I'm wondering, as a psychotherapist do you subscribe to a certain theoretical orientation?

**Burns:** Well I began in cognitive therapy, and I like to think helped to pioneer cognitive therapy in the 1970s, and did a lot of the early work in developing many of the methods – of course Ellis and Beck were the real pioneers – but I think my book *Feeling Good* probably has made a lot of the world aware of cognitive therapy. When I wrote it, when it was published in 1980 very few people had ever heard of cognitive therapy, and now the book has sold five million copies and cognitive therapy has become probably the most widely practiced and researched form of psychotherapy in the world.

But I really don't consider myself a cognitive therapist or any other school of therapy; I'm in favour of tools not schools of therapy. I think all the schools of therapy have had important discoveries and important angles, but the problem is they are headed up by gurus who push too hard: trying to say cognitive therapy is the answer to everything, or rational emotive therapy is the answer to everything, or psychoanalysis is the answer to everything. And that is reductionism, and kind of foolish thinking to my point of view.

And I think we need to capitalize on all these schools and integrate the best insights and bring them to bear for each person that we use. I use and train my students in 50 basic psychotherapy techniques, and many of them are cognitive. I think cognitive therapy techniques are mind blowing; but we use paradoxical techniques, motivational techniques, even some psychodynamic techniques, exposure techniques, behavioral techniques, we use the measurement model; integrate the whole Rogerian thing: empathy, warmth, trust. I mean these are all incredibly important dimensions of the fact of therapy; and I think therapists who join these cults are really barking up the wrong tree.

**Dr. Dave:** I totally agree; I certainly have always been very eclectic myself, and I love your phrase “tools not schools”. I think that as psychology has evolved, and psychiatry perhaps as well, I hope is in fact evolving somewhat away from that sort of “competing cults” if you will; and more focussed on pragmatics, on what works.

**Burns:** I don't know about that. Every week I get a book in the mail, some new school of therapy has formed that's got the answer to everything – CBT, DBT, TFT, ACT, LSMFT – they're coming down the pike and people want to join up.

**Dr. Dave:** (laughing) Yes, right.

**Burns:** I think it's going to be a tough trend to overcome; I hope we can overcome it, and focus on process research which I think is vitally important. Outcome research is I think of modest importance, I think process research can lead the way to the future; finding out what are the ingredients of therapeutic success or failure. Although I have spent most of my life as a clinician I have done a lot of process research for journals like the *Journal of Consulting and Clinical Psychology*, and *Journal of Abnormal Psychology* and others, to try to find out what is it that really makes for effective therapy; what is the true cause of most therapeutic failure; and then to try to distil the therapy of the future, to create a new psychotherapy that is based on what really works, what really heals people.

We are looking for high speed recovery now from depression, and anxiety disorders, and relationship conflicts as well. While we can't always bring that about, we are seeing it much more frequently than even as little as five or ten years ago. I'm talking about people really recovering within one or two or three sessions, not one or two or three months, or many years.

**Dr. Dave:** That's great. Now I want to drill down in one of your most recent books. As I've mentioned you have written ten books, and today I'd like to focus on the most recent one which came out this January, and it's called *Feeling Good Together*. Let me say at the outset, that you definitely have the gift for writing in a clear and engaging style.

Now aside from the enormous success of *Feeling Good*, what prompted you to write *Feeling Good Together*?

**Burns:** Well I was first supposed to publish that book in 1981.

**Dr. Dave:** (laughing)

**Burns:** When *Feeling Good* came out, the publishers thought it would be a loser book, and wouldn't promote it; and then it started selling. And they had to keep reprinting it just because people who picked it up, a lot of them were helped by it, and would say "get this book" to other people, and therapists started recommending it. Pretty soon the publishers saw hey, we've got something here on our hands that looks like it's going to be very good from a commercial point of view; so then they said hey, we want another book.

*Feeling Good* was on cognitive therapy for depression, and it was the big thing in those days, and it was like a new breakthrough approach that was

dramatically helpful for many people. So we started thinking we will try it for all these other problems as well: for anxiety, and relationship problems.

So I wrote this book and sent it to my editors called *Couples in Conflict*, *Couples in Love*; and it was kind of the cognitive behavioral approach to marital therapy, to couples therapy. It was based on the idea that people with troubled relationships have these distorted thoughts, and poor personal skills: like poor negotiating skills, poor communicating skills, all this type of thing. And we could just train them to correct these distorted perceptions and unrealistic expectations and train them to negotiate more skilfully and to communicate more skilfully; and that then lo and behold they would gladly use these new tools and have loving relationships.

I sent it to my editor and she called me two days later – Maria, and she was a wonderful person, and New York, all “Darling, we’ve got these markets, and wonderful, number one best seller” and she was just over the top with euphoria, and said she was going to send me a contract, and \$150,000 advance, and it was fantastic.

**Dr. Dave:** Wow.

**Burns:** So I got that money, put it in the bank, I was all happy; but I started noticing that the techniques didn’t work very well. It was a whole different kettle of fish than with treating depression and anxiety disorders where almost everybody was recovering and most of them rather quickly and dramatically and totally; but it wasn’t seeing that with troubled couples and with people who were angry. So I called my editor and said, “let’s just hold off six months before we get this thing into the pipeline, I just want to get a few more vignettes, treat a few more couples.”

Well six months later, I had treated 50 more couples and the number who had recovered were about zero. I began to think this stuff sounds great on paper, but it’s B.S. in reality. This whole approach does not work. We are missing something vitally important; and I don’t care if it is a number one best seller, I am not going to publish something that isn’t true.

**Dr. Dave:** Well good for you.

**Burns:** So I called my editor, and I said, “This is breaking my heart Maria, but I’m going to send that \$150,000 back and break the contract; because the whole idea of using cognitive behavioral therapy to treat troubled relationships is not sound.”



It's not surprising either, because in medicine you can't treat everything with penicillin, you have hundreds of treatments, so why should we have one treatment that should work for all psychological problems? Then I said I'm not going to publish that book until I find the real cause of marital problems, relationship problems, anger, human conflict – through research and clinical work – and come up with a radically new and different method that is effective. And that is what took 25 years waiting to publish the book *Feeling Good Together*.

The other thing that held me back, was that once I saw what was really the problem with troubled relationships I realized this is a message that the general public probably isn't going to want to hear. How can I possibly write this book and package it in a way that anyone is going to want to buy it or read it? The truth about why people have troubled relationships is going to blow people's mind, and kind of irritate people and upset people, and that held me back as well.

**Dr. Dave:** OK, well let's get into it a little bit. At the outset, you suggest there are two major sets of theories relating to relationship difficulties – marital difficulties, but also other kinds of troubled relationships. You group them into deficit theories and motivational theories; and you point out that most marital therapists draw upon the deficit model. So tell us about the deficit model.

**Burns:** Well the deficit model is a wonderfully optimistic way of dealing with human nature. Most therapists are kind of liberal in their thinking and idealistic, and I'm that way to a great extent too, but the idea is human beings are basically good: and want love, and joy, and productive relationships; and the only reason we get into troubled relationships, and hostility and violence and conflict is because we don't have the tools. We have some kind of deficit that prevents us from achieving that goal. So hostility, and violence, and defensiveness, and hatred are artefacts that result from this thwarted desire for love and intimacy and joy and happiness. So all these deficit theories try to give people the tools that they are lacking to make up the deficits, so we will have healthier attitudes and better communication skills, and then we will use these to have loving relationships.

There are all different deficits people have speculated about: like this Men are from Mars, Women are from Venus – that type of theory – the idea that women communicate out of feelings and use language to develop intimacy; and men use language to solve problems and to do mechanical things. That these deficits in understanding how the other sex communicates, that is the

cause of marital problems. And the problem with all of these theories, they sound good on paper, but if you have a research base and test them you can easily show that all of these are false theories.

I recently published a paper with one of my Stanford Psychology fellows (who is now a professor at Brigham Young University) Diane Spangler, *Is It True That Men Are From Mars and Women Are From Venus?* And we tested this theory with a fairly large database using structural modelling techniques, and saw that there is no validity to the theory at all, that's not the cause of marital problems; and it's not even true that women do so well handling emotions, their own or anyone else's. These are human problems that we all have.

I'm babbling too much here, but to make a long story short: all those therapies based on the deficit theory have been shown in outcome studies not to be effective. In fact every form of marital therapy or couples therapy, practiced in the world today has been shown in controlled outcome studies to be hardly effective at all. There is no effective couple's therapy or marital therapy in my opinion in the world; and that is based on Don Balcom's review of the world literature – which he does practically every year – saying: how effective are all these forms of marital therapy in the short term and in the long term? And the answer is: barely more effective than placebo interventions, if at all.

**Dr. Dave:** Wow.

**Burns:** So all of those deficit theories sound great, but it's false. Now the motivational theory is quite different, and it's based on the idea that there's two sides to human nature, not just one; and that we have inherently positive, loving drives, but also inherently hostile, aggressive, a dark side to human nature.

**Dr. Dave:** Yes; this particularly caught my attention as someone with a long interest in Jungian psychology; as I'm sure you know Carl Jung believed that we are not all good, but that good and evil exist in us all.

**Burns:** Yes I just love that. I don't know much about Jung but when I heard that I said this guy and I are on the same page; that is really vital.

**Dr. Dave:** Yes and of course Freud thought we are largely driven by rather negative unconscious forces, so you have your own take on the dark side, so to speak.

**Burns:** Yes I resonate with both of them for that reason; but it's not so popular these days to think that way.

**Dr. Dave:** Yes, I guess you haven't been on Oprah with this idea.

**Burns:** I'm waiting for her phone call; I'm ready to fly out wherever she is.

(laughter)

**Dr. Dave:** You actually have a chapter titled, *Why We Secretly Love to Hate*. Tell us a bit about that.

**Burns:** Well it's just based on the idea – and again people don't necessarily want to hear this – but when we are in conflict we kind of cling to that conflict; almost like a bulldog will cling to a piece of meat because it tastes good. There is something about conflict that is very addictive to people, and I think we could say exactly what it is that is addictive about it; but that's the dark side, that's why we get into problems. In that chapter I talk about a couple with a horribly troubled relationship where the man is smashing the woman in the mouth every week – I wasn't allowed to put that in the book by the way, because the editor thought that's too heavy, the general public can't take the truth; I said, "I don't believe we should whitewash everything, why don't we tell it like it is." But they made me edit that out.

**Dr. Dave:** Interesting.

**Burns:** But it was a very troubled relationship; and you ask yourself is that true according to this deficit theory? Is this man smashing his wife in the mouth, and practically raping her for sex because he doesn't have the tools to develop tenderness and intimacy? I don't think so; I think it's because he likes to hurt her, because he is addicted to power and control; and from his point of view he doesn't have a troubled relationship, he has a solution.

**Dr. Dave:** Wow.

**Burns:** He gets together with his buddies and brags about what bitches women are, and how they have to be put in their place.

**Dr. Dave:** Yes.

**Burns:** Then you see him and you say he's a loser, he's a jerk. But I believe this exists in all of us.

When I do workshops, I say let's do a little thought experiment – and maybe listeners to the radio show or podcast can do this right now. I say, think about one person who you don't like or get along with very well; somebody who you kind of resent, maybe someone who has hurt you, someone who is narcissistic and exploitative, someone who won't express their feelings, or someone who is hypercritical or demanding, or someone who always has to be right. So when you have thought of someone, put your hand up in the air. So then all the hands go up, everyone is thinking of someone and I too am thinking of someone, a colleague I don't much care for.

Then I say, imagine there is a magic button on the desk, and if you press that magic button that person who you can't stand will suddenly become your best friend in the whole world, with no effort at all on your own part, no price to be paid. How many of you are going to press that button? Then everyone laughs, and maybe out of a group of maybe 200 or 300 you'll see 3 or 4 hands go up. Certainly my hand doesn't go up. I say that's the point I'm trying to make; you see you are all choosing hostile relationships over love and intimacy; you would prefer to have a bad relationship with that person. I'm not judging you – I don't want to get close to the person I'm at odds with that I am thinking about either – I don't trust him, I don't like him, I think he is exploitative and I want to keep my distance.

But there is something very addictive and very attractive to us about having people to look down on, people to blame, people to try to get back at. That is the piece that I think couples therapists, marital therapists perhaps have not been taking into account. That's why I call it the motivational model – the real problem with the relationship isn't that we can't get close to other people, but rather that we don't want to; because there is a side of our nature that is attracted to the dark side.

**Dr. Dave:** Yes. Now along with the uncomfortable thing that you point out – that marriage therapy on the whole doesn't have a very good track record – what about work of someone like Dr. John Gottman. Hasn't his research given us any additional purchase on effective marital therapy?

**Burns:** Well, maybe you will have to edit this out. I haven't followed his work. I did ask a colleague has he done some outcome studies, does he have some tools. And the colleague wasn't aware of any outcome studies he's done of any therapies that he's graded – I think he's done some nice research; I think he has written a nice book I have here on *Time Series Analysis*. I do mathematical modelling for Stanford's new Brain Research Center, and I do a lot of statistics with a younger colleague, Scott Hall. We are studying brain development in normal and mentally retarded children

and developing mathematical models to try to understand this a little bit better. So I love research; and Gottman has done some great statistical work and I know he has a great following; but I'm not aware of actual marital therapy techniques he has developed, and I'm not aware of any outcome studies he's done showing effective marital therapy techniques. But I could be all wet, so maybe this is a part of the interview to edit out, because I am not the one to ask about him.

**Dr. Dave:** OK; and I can't fill you in either, I don't remember the details; I just know that he is considered one of the prominent researchers in the field.

You studied over a thousand people with unhappier troubled relationships in order to pinpoint the factors that distinguish successful from failing relationships. What did that study show? Why do so many marriages end up in bitterness and divorce? What is the most toxic factor?

**Burns:** Well to make a long story short: people who blame others for their relationship problems, that seems to be the one causal factor that accounts for the lion's share of the variants in marital satisfaction or marital dissatisfaction. I studied all kinds of other factors that people were theorizing to be causes of marital problems: patterns of attitudes, the submissive wife and the dominant controlling husband, all kinds of things that people said should be associated with a good or bad marriage. None of those patterns worked. But what really came out was if you are saying my partner – or the other person, whoever it is – is to blame for the problems in this relationship, then you are going to have a lousy relationship in the here and now; and furthermore that attitude will predict changes in relationship satisfaction when controlling for current levels of relationship satisfaction/dissatisfaction. So not only will you have a lousy relationship now, it will get worse in the future.

In contrast, people who said it's *my* job to make my partner happy, it's *my* job to pinpoint my role in this problem and to focus on changing myself rather than blaming my partner – they were rare but those were the people who had the most joyous loving relationship now, and were able to handle conflict and problems in the future without a deterioration in the quality of their relationship. And this has turned out to be a variable of just overwhelming importance, but it's not trivial, because again when I'm working with workshop audiences, and say now again think of the person you are in conflict with. Let's say you did want to have a better relationship with them? What price are you going to have to pay that you probably are not going to be willing to pay? This comes to the whole thing of blame: how many of you in your heart of hearts, who do you think is more to blame

in this relationship, you or the other person? Who do you think is the bigger jerk, you or the other person?

**Dr. Dave:** (laughing)

**Burns:** Then everybody says, oh the other person. Then I say, what's the prognosis for developing a more loving relationship with your patient or with yourself when the person is saying it's the other person's fault. The answer to that is: the prognosis is zero. I know of no tools in the world powerful enough to help someone, or to help a nation for that matter, who says it is someone else's fault – when you are blaming other people. That to me is the toxic cause of 90% of relationship problems and failure.

**Dr. Dave:** That's fascinating to me because again it brings to mind both the Jungian approach, and also mindfulness approaches that are kind of rooted in Eastern thought and Buddhism, to the effect of the importance of owning one's projections.

**Burns:** I love what you are saying; and there is a lot of Buddhism in the book *Feeling Good Together*, and in my thinking. I am not a Buddhist and I don't ever read anything about Buddhism, but the Buddhist concepts are very rich and mind blowing, and they come to life when you are doing couples therapy or individual therapy for that matter.

One of the concepts that the Buddhists talk about – and of course the Christians do too, and the Jews do, most religions – is the great death, death and rebirth, the death of the ego. And I'm convinced that to get close to someone you are at odds with is not only a psychological concept, but a spiritual concept and that involves the death of the ego. And if you are willing to die you can kind of go to heaven; but that's not after your physical body dies, death can happen every day, many times a day when you are criticized by someone you love, someone you care about, you feel hurt; instead of defending yourself to find truth in what they are saying, to see the world through their eyes, and to let your ego die. We shy away from it – nobody wants to die, we want to live – but the desire to live causes your relationships to fail, causes you to suffer. And once you let go, then new worlds can open up of joy and intimacy.

Of course what I'm saying is like bullshit, it's just some philosophical notions, and what I've tried to do in *Feeling Good Together* is develop specific step by step practical techniques that can reveal these things to people, and rather quickly, in a shocking way I might say. But in order to use the tools in that book, humility is going to be very important, and I have

no doubt that many readers will turn away from it, just as human beings have turned away from religious concepts for thousands of years. It kind of sounds good on one level, but when it comes to applying it in one's personal life it can be quite painful.

**Dr. Dave:** Yes; well you have developed an approach, (laughs) and I am remembering how you were talking about all these approaches coming down the pike, but you have developed an approach that you call Cognitive Interpersonal Therapy, and you can tell us about that. You say it is based on three ideas that can change your life; so what are those three fundamental ideas?

**Burns:** Number one is that we are always causing the problems that we are complaining about in our relationships with other people; but we are unaware of it. So, we see ourselves as victims because we can't see our role, we can't see how we are triggering that very behavior in the person we are not getting along with. That's principle number one.

Principle number two, is we don't want to see that. We are in a state of self deception and self denial because it is so painful and humiliating to suddenly see that we have been pushing the person away, and causing the lack of intimacy that has been causing us so much pain; and that the finger of blame is really pointing directly at us. Those are very negative aspects of human nature.

The third is the positive message. If we are willing to give up blaming the other person and focus instead on pinpointing our own role in the problem and focus all our energies on changing ourselves, you can transform troubled relationships into loving, trusting ones, often with remarkable speed; and I'm talking about in less than a minute in many cases. But in order to do that a price is going to have to be paid, and that's not only learning some tools that are fairly sophisticated – but exciting – but also being willing to see something about yourself that is going to be very painful.

**Dr. Dave:** Yes. Now you also talk about *The Five Secrets of Effective Communication*. If we promise not to tell anyone else, can you share the five secrets with us now?

**Burns:** Oh yes (laughing), well they're really neat and they are fun to practice. I practice them in workshops with mental health professionals and also with the general public.

They sound very simple but they are quite challenging to learn in reality.

There are three listening skills called the *Disarming Technique*, *Thought and Feeling Empathy*, and *Enquiry*; then there's an assertiveness skill, called *I Feel Statements*; then the last thing is *Respect* – conveying respect to the other person. And I think of them as E.A.R. – Empathy skills, Assertiveness skills, and conveying Respect.

The most important of all of them by far, but the hardest to learn is called the *Disarming Technique*; and that means finding truth in what the critic is saying, even if what the critic is saying seems illogical, preposterous, an unfair attack on you, an unfair criticism, something that is totally illogical and unrealistic. So you want to defend yourself; and the Disarming Technique is based on the law of opposites, that if you defend yourself from a harsh unfair illogical criticism, the moment you defend yourself you will prove that the critic was right all along; and that's a paradox. If you defend yourself from a false criticism you will prove that the criticism was actually valid – that's the paradox. And the other side is also true of the paradox: if you instantly and genuinely find truth in a totally unfair and preposterous criticism, the moment you agree with it you will put the lie to it; and the other person will stop believing it.

**Dr. Dave:** Interesting.

**Burns:** We can take an example if you want to try to bring it to life, we can go in whatever direction you want, but that's the Disarming Technique.

*Thought and feeling empathy:* thought empathy is paraphrasing what the other person said so that they will see that you got the message; feeling empathy is acknowledging how they are probably feeling, given what they said – they are probably feeling hurt, and angry, and ticked off.

**Dr. Dave:** Yes; this sounds like the part that comes from Rogers.

**Burns:** Yes, yes. That's right. Although surprisingly, mental health professionals can't do it;

**Dr. Dave:** (laughing)

**Burns:** They can't do it on stage in role plays; they can't do it behind closed doors. There's two kinds of emotions that no mental health professional in US or Canada has ever been able to acknowledge: and that is their own feelings, or those of their patients. That sounds so absurd to say; people say, "Oh Burns doesn't know what he's talking about". But we do a



lot of role plays and workshops, trying to train therapists in these basic skills they thought they knew how to do, and surprisingly few or none of them can do it at first.

And I've developed an intimacy exercise, kind of a training exercise for the general public or therapists, to develop these skills they thought they were so good at but really aren't. And you can learn and get up to speed if you are willing to practice, and experience a little embarrassment when you see how inadequate your skills are.

**Dr. Dave:** Wow.

**Burns:** Then *Enquiries*: asking gentle probing questions to learn more about where the other person is coming from, and how they're feeling. Then *I Feel Statements*: is sharing your own feelings in an open, diplomatic and kind of gentle way, so the person will see you are real. Maybe you are feeling anxious, or awkward, or uncomfortable, and instead of hiding those feelings to share them. *Stroking* means to convey respect, even in the heat of battle: you are allowed to be angry, the other person is allowed to be angry as well, but you can either share your anger or you can attack with your anger in an overtly aggressive way, or a passive aggressive way.

So those are the five secrets, and they sound kind of simple in a way but they can be spectacularly powerful and quite challenging to learn. You might say these are the five keys of the piano, but you can't just sit down and start banging on the keys and expect to make beautiful music; you have got to work at it, and practice it, and master the tools.

**Dr. Dave:** Yes; I think somewhere you make the observation that achieving intimacy is not easy, it really takes work.

**Burns:** Yes; it's not only that it takes work and a lot of effort to learn how to do it, to learn to use these tools, but as I mentioned earlier to be willing to swallow your pride and to see the thing through the other person's eyes. It's pretty hard to do that, because when someone is criticising you they are virtually always telling you something that is true, that you don't want to see. If you defend yourself the relationship will go downhill. If with warmth and respect you acknowledge the truth in the criticism you can transform the relationship almost instantly; but it involves death, and most people don't want to die. And as a result we suffer.

**Dr. Dave:** Yes.

**Burns:** I don't know what direction we should go in just at the moment; I love your questions.

**Dr. Dave:** OK. We began the discussion with the uncomfortable news that marital therapy tends not to work particularly well. What evidence do you have that your approach improves on the odds?

**Burns:** You know, I don't. As a clinician I am not in a position to do outcome research very easily. My focus has been on process research to try to distil from longitudinal data – collected in my clinical work, and in surveys, and from the general public – what are the causes of this or that problem, and what are the things that are associated with the success or failure in trying to help people recover. But I don't have that data yet, and I don't know; but I do think that in our work with depression, with anxiety, and with relationship problems we need to begin to have outcome studies that take motivational factors into account. Because one of the things I have learned is, I don't know how to treat people against their will.

And before you can use any techniques you've got to see what would it be worth to the person. If I could show you how to change your life, or how to develop intimacy, or how to develop depression or whatever you are suffering with – what would you bring to the table? Then let's look at some of the reasons why you might not want to change, and maybe you can persuade me that we should work together; or maybe you will decide that you don't want to change this or that problem. That's the new tool that we have been developing and refining in my psychotherapy development group at Stanford.

We are seeing in the area of depression and anxiety phenomenally fast recovery now, but whether the same will be true for anger, and hostility and relationship problems, I don't know. Suppose you went to Palestine or Israel; and you said, "hey we've got some fabulous new techniques to show you people in Israel how to love the people in Palestine and to have wonderful relationships with them." Or say to the people in Palestine, "we can show you how to have wonderful loving relationships with the Jews in Israel." What are they going to say, "hey – that's not what we had in mind, we are not looking for that". See what I mean?

**Dr. Dave:** (laughing) Right, yes.

**Burns:** So on a level before you can say something is effective, you have to say: what does the person want, what are they trying to achieve, what would it be worth to them to change this or that troubled relationship. Maybe there

would be times when people will step away and say, “No I don’t want to get close to that person”, and then any study of effectiveness to my way of thinking would be a moot point.

**Dr. Dave:** Well even though you don’t have outcome studies yet, I have the sense that you are optimistic about the direction in which you are moving now. Would that be correct?

**Burns:** Oh yes; we are very excited by the techniques. Therapists can use them to transform their relationships with patients; and people can use them in their personal lives to transform your relationship with your spouse, with your son you are not getting along with, with your sister. Tremendous things can be done; but again we have to respect the fact that human beings may not want that, sometimes – and it’s so sad – people may choose troubled relationships; and it’s so hard for mental health professionals to get this.

I was training one of my students – I supervise a lot of psychology fellows at Stanford and psychology students and psychiatric residents, and I love working with them and learn from them – but one of my favourite students was treating a woman who was divorced. And she would whine and complain about what a loser her husband was; and she was very attractive, and a successful attorney, and she had trouble with men. Men would chase after her but she would treat them shabbily, and of course then they would fall more deeply in love with her because of the shabby treatment she gave them. And the more they chased her the more she would lose respect for them; so she couldn’t get close to men. One day she was talking about she was going to see the children, and she picked them up at the airport, and she was talking about what a loser he was to her therapist (who was my student) and whining and complaining.

My student saw very well how defensive and hostile she was, and how she was kind of creating as a self fulfilling prophesy the horrible relationships with her ex husband, and with men that she was complaining about. So he said to her, “you know I have some wonderful new communication techniques and I would love to help you, and show you how to change the way you relate to your ex husband, the way you communicate with him and with men”. And she got very huffy and indignant and said, “I communicate just fine with men! No thanks!”

And the error he made was again thinking that somehow she wanted loving relationships. What could be better than having an ex spouse to beat up on and to complain about – don’t take that away from me.

**Dr. Dave:** Yes.

**Burns:** And that's the issue I think we have to be looking at in outcome studies of any type of interpersonal therapy. How is the therapist going to deal with that? That's again what we have been developing new techniques and ideas to get at those motivational issues: like the intimacy exercise, and the feeling good together, and other therapeutic techniques that we are developing to focus on the patient's resistance to change before we come in with any techniques. And don't come in with any techniques until you've got a patient who is motivated and hungry to change their life.

If you do that, and if you become more skilful with dealing with resistance, melting away the resistance, then almost any technique you come in with has a very high chance of success, and often mind bogglingly rapid success. Now don't get me wrong, therapy can still be challenging and difficult, but it is far easier, far more effective than trying to drag someone by their heels.

**Dr. Dave:** Just out of the blue here, let me ask you – are you by any chance watching *In Treatment* on HBO?

**Burns:** No, we don't get HBO so I have never heard of it or seen it.

**Dr. Dave:** Oh my goodness. It's a wonderful series. Originally it was a series in Israel, then it was adapted by HBO; they are doing their second season now, but you could get the first season at your local video store on DVD I'm pretty sure.

**Burns:** Is it actual therapy?

**Dr. Dave:** No, it's dramatizations, but it feels very real; very intense and very real. I think you would have fun with it.

**Burns:** Oh.

**Dr. Dave:** Well as we wind down here, I wonder if there are any final thoughts you would like to leave our audience with?

**Burns:** Not really. I have just loved your interview. We haven't gone too far into the techniques but I think you have hit some really important and exciting, to me at least, aspects; and I've greatly appreciated the chance to be on your show and to kind of shoot the breeze a little bit. As you know I really admire your interviewing style – and it probably sounds corny to say

it – but I think a real gift that you are bringing to the airways to be able to have had so many famous guests and prominent individuals. I just think it's terrific that people can come to the website and begin to hear such wonderful interviews with all the many people you have been interviewing, and bring these ideas to life. And I'm just proud to be included in the mix a little bit.

**Dr. Dave:** Well thank you very much for that. And as far as those specific techniques go, I really refer people to your book, and they can find them there. Obviously we could go on a lot longer but I don't want to test my listeners' limits too far.

Dr. David Burns you have been very generous with your time and with your information; thanks so much for being my guest today on Shrink Rap Radio.

**Burns:** Thank you David, I really appreciate it.